

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate The Comm. to Re-elect C. Scott BoundsAddress PO Box 512, Phila, MS 39350 County NeshobaTelephone 601-656-1765 Fax 601-482-0111Office Sought State Rep., Dist. 44 Email Address csbounds@bellsouth.net
☐ Check here if above is different from previous report

☒ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
All candidates, excluding judicial candidates on the November 2016 General Election ballot.

Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3,250 ⁰⁰ + \$ 600 ⁰⁰	\$ 3,850 ⁰⁰	\$ 3,850 ⁰⁰
Total amount of disbursements	\$ 4,420 ¹⁸ + \$ 3,189 ⁹⁴	\$ 7,610 ¹²	\$ 7,610 ¹²
Total amount of cash on hand		\$ 62,806 ⁶⁸	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

C. Scott Bounds
Signature of Candidate

1-24-2017
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee The Comm. to Re-elect C. Scott Bounds
 Reporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Gulf States Toyota</u>	<u>9/7/16</u>	\$ <u>500.00</u>
Mailing Address <u>1375 Enclave Pkwy.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Houston, TX 77077</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Gulf States Toyota</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Automobile Distribution</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Pfizer, Inc.</u>	<u>11/14/16</u>	\$ <u>500.00</u>
Mailing Address <u>6730 Lenox Center Court</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Memphis, TN 38115</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Pfizer</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Pharmaceutical MFG.</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>ATT Ms PAC</u>	<u>11/14/16</u>	\$ <u>500.00</u>
Mailing Address <u>111 E. Capitol Str., Ste 6030</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>ATT</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Telecommunications Provider</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>ENPAC</u>	<u>11/14/16</u>	\$ <u>250.00</u>
Mailing Address <u>PO 1640</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39215-1640</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Entergy, Mississippi</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Electrical generation & Dist.</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee The Comm. to Reelect C. Scott Bounds
 Reporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>ADVANCE AMERICA, INC</u>	<u>11</u> / <u>14</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>135 N. Church Str.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Spartanburg, S.C. 29306</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Advance America</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>FINANCIAL SERVICES</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>ENOVA, INC.</u>	<u>12</u> / <u>9</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>175 West Blvd, Ste. 1000</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Chicago, IL 60604</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>ENOVA, INC.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>BUSINESS FINANCIAL SERVICES</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>KCS RAIL PAC</u>	<u>12</u> / <u>22</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 219335</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>KANSAS CITY, MO 64121-9335</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>KANSAS CITY SOUTHERN RAIL</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>RAILROAD SERVICES</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>PHARMACEUTICAL RESEARCH & MFG'S OF AM.</u>	<u>12</u> / <u>22</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>950 F Street NW</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>WASHINGTON, DC 20004</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>PRMA</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Medicine Research & MFG.</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee The Comm. to Re-elect C. Scott Bounds

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name <u>Improve MS Political Initiative Comm.</u>	Date (Mo., Day, Year) <u>1/2/16</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>PO Box 23021</u>	<u>1/2/16</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Jackson, MS 39225</u>	<u>1/2/16</u>	\$ <u>500.00</u>
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name <u>MS. Republican Party</u>	Date (Mo., Day, Year) <u>3/1/16</u>	Amount of each disbursement this period \$ <u>2,250.00</u>
Mailing Address <u>415 Yazoo Street</u>	<u>3/1/16</u>	\$ <u>2,250.00</u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>3/1/16</u>	\$ <u>2,250.00</u>
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>2,250.00</u>
C. Full name <u>Philadelphia Country Club</u>	Date (Mo., Day, Year) <u>2/20/16</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address <u>GOLF Course Road</u>	<u>2/20/16</u>	\$ <u>250.00</u>
City, State, Zip Code <u>Philadelphia, MS 39350</u>	<u>2/20/16</u>	\$ <u>250.00</u>
Purpose of Disbursement (Optional) <u>Sponsor - 2016 Tournaments</u>	Aggregate Year-to-date	\$ <u>250.00</u>
D. Full name <u>American Airlines</u>	Date (Mo., Day, Year) <u>9/19/16</u>	Amount of each disbursement this period \$ <u>350.04</u>
Mailing Address <u>4333 Amon Carter Blvd.</u>	<u>9/19/16</u>	\$ <u>350.04</u>
City, State, Zip Code <u>Fort Worth, TX 76155</u>	<u>9/19/16</u>	\$ <u>350.04</u>
Purpose of Disbursement (Optional) <u>Airline FARE - D.C. Trip on Leg. Business</u>	Aggregate Year-to-date	\$ <u>350.04</u>
E. Full name <u>Holiday Inn - Rosslyn</u>	Date (Mo., Day, Year) <u>9/19/16</u>	Amount of each disbursement this period \$ <u>322.75</u>
Mailing Address <u>1900 N. Fort Myer Dr.</u>	<u>9/19/16</u>	\$ <u>322.75</u>
City, State, Zip Code <u>Arlington, VA 22209</u>	<u>9/19/16</u>	\$ <u>322.75</u>
Purpose of Disbursement (Optional) <u>Lodging - D.C. trip on Leg. Business</u>	Aggregate Year-to-date	\$ <u>322.75</u>
F. Full name <u>Augie Leopold Adv. Specialties</u>	Date (Mo., Day, Year) <u>10/26/16</u>	Amount of each disbursement this period \$ <u>109.75</u>
Mailing Address <u>3214 Roman Str.</u>	<u>10/26/16</u>	\$ <u>109.75</u>
City, State, Zip Code <u>Metairie, LA 70001</u>	<u>11/29/16</u>	\$ <u>337.64</u>
Purpose of Disbursement (Optional) <u>Campaign Promotion Materials/Products</u>	Aggregate Year-to-date	\$ <u>447.39</u>

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 Reporting period 1-1-16 through 12-31-16

ITEMIZED DISBURSEMENTS

A. Full name <u>GOLF CLASSICS</u>	Date (Mo., Day, Year) <u>5/27/16</u>	Amount of each disbursement this period \$ <u>150.00</u>
Mailing Address <u>P.O. Box 850</u>	<u>5/27/16</u>	\$ <u>150.00</u>
City, State, Zip Code <u>Memphis, TN 37111</u>	<u>11/27/16</u>	\$ <u>150.00</u>
Purpose of Disbursement (Optional) <u>Campaign Promotion Signage Sponsor</u>	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$